

**United States Bankruptcy Court
Southern District of New York**

In re **BLT Restaurant Group LLC f/k/a BLT Management LLC**
Debtor(s)

Case No. **22-10335-lgb**
Chapter **11**

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:
Schedule F

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

THC DC Restaurant Hospitality LLC
Attn: Mickael Damelin court
1100 Pennsylvania Avenue
Washington, DC 20004

THC DC Restaurant Hospitality LLC
Attn: Trump Organization
725 Fifth Avenue
26th Floor
New York, NY 10022

Shnem Hasar, LLC
c/o Ethan A. Kobre, Esquire
444 Madison Avenue
New York, NY 10022

Date: **May 6, 2022**

/s/ Jennifer C. McEntee
Jennifer C. McEntee (NY)
Attorney for Debtor(s)
Ciardi Ciardi & Astin
1905 Spruce Street
Philadelphia, PA 19103
215-557-3550 Fax: 215-557-3551
jcranston@ciardilaw.com

Fill in this information to identify the case:

Debtor name **BLT Restaurant Group LLC f/k/a BLT Management LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **22-10335-lgb**☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address Blue Ridge Bank, N.A. Attn: Kathy Mitchell 17 W. Main Street Luray, VA 22835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,321,655.98
3.2	Nonpriority creditor's name and mailing address Elliott Welburn Miguel Torres and Alexis Manso c/o 48 Wall Street, 11th Floor New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address Norvin 1301 CT, LLC Attn: Barbara A. Pusciello 1700 K Street N.W. - Suite 660 Washington, DC 20006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Shnem Hasar, LLC c/o Ethan A. Kobre, Esquire 444 Madison Avenue New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **BLT Restaurant Group LLC f/k/a BLT Management LLC**
NameCase number (if known) **22-10335-lgb****3.5** Nonpriority creditor's name and mailing address**THC DC Restaurant Hospitality LLC**
Attn: Mickael Damelincourt
1100 Pennsylvania Avenue
Washington, DC 20004

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$0.00☐ Contingent☐ Unliquidated☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**4.1** **Laura M. Trachtman**
Trachtman & Trachtman
48 Wall Street, 11th Floor
New York, NY 10005Line **3.2**☐ Not listed. Explain _**4.2** **THC DC Restaurant Hospitality LLC**
Attn: Trump Organization / David Cohen
725 Fifth Avenue, 26th Floor
New York, NY 10022Line **3.5**☐ Not listed. Explain _**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1**5b. Total claims from Part 2****5c. Total of Parts 1 and 2**
Lines 5a + 5b = 5c.**Total of claim amounts****5a. \$ 0.00****5b. + \$ 1,321,655.98****5c. \$ 1,321,655.98**